# Acceptance of Offer of Appointment to the Post of (Librarian Under Post Code 92/20)

	.F.DE.4(42)/DRC	/E-1 V/LIB(92/20)/2022		dated	•			
h	ereby submit my	particulars as under:-						
	Father's name-	·						
	Husband's name							
		ı figure)						
	(In words) _						La	test photogr
	Age as on 23.02	.2020 - Years	MonthD	ays.				
	Religion							
	Category Gen./	SC/ST/OBC/PH/Ex-S.	Men/EWS etc					
	Sub Ctg./Caste-							
	If yes, OBC/SC	/ST/EWS certificate No	o. & Date of issue-					
	Details of certif	icate issuing Authority	with commists add					<del></del> ?
	Academic/Profes	ssional qualifications:-		9			=	
	Name of the Course/Degree	ssional qualifications:- Name of Board/Univ.	Name of Institute	Whether the Institute is	Year of Passing	Perce- ntage	Duration of course	Whether Regular
	Name of the	Name of	Name of Institute	The section of the second securities		1		2000 money of \$10 posters
	Name of the Course/Degree	Name of	Name of Institute	Institute is private or		1		Regular or Distant
	Name of the Course/Degree	Name of	Name of Institute	Institute is private or		1		Regular or Distant
	Name of the Course/Degree	Name of	Name of Institute	Institute is private or		1		Regular or Distant
	Name of the Course/Degree	Name of	Name of Institute	Institute is private or		1		Regular or Distant
	Name of the Course/Degree	Name of	Name of Institute	Institute is private or		1		Regular or Distant
	Name of the Course/Degree	Name of	Name of Institute	Institute is private or		1		Regular or Distant
	Name of the Course/Degree	Name of	Name of Institute	Institute is private or		1		Regular or Distant
	Name of the Course/Degree	Name of	Name of Institute	Institute is private or		1		Regular or Distant

10. Details of post (s) held previously if any:

lame of post	Date ofjoining	Date of leaving	Name of Ministry/Department
<del></del>			
11. Present/Correspond	dence Address (At which fur	ther communication will	be made )
Mobile. No			
. 110.			
	s (As submitted in original ap	pplication with DSSSB)	
12 . Permanent Address			
12 . Permanent Address	s (As submitted in original ap	Pin Code_	
12 . Permanent Address Contact. No	s (As submitted in original ap	Pin Codeail.ID, (if any)	School Id
Contact. No	s (As submitted in original ap	Pin Codeail.ID, (if any)	

#### **DECLARATION**

I solemnly affi	rm and	declare	that	
-----------------	--------	---------	------	--

- 1. I had never been debarred nor declared unfit for any public examination/Govt. job by Central /State/UT Govt.
- 2. The information given above/submitted is true and correct to the best of my knowledge and belief and nothing has been concealed.

	Signature	
	(in running hand)	
Dated		
	Name	
	(in Block letters)	

## **DECLARATION (Marriage Status)**

1. I_	declare as under:-	
	a. That I am unmarried/widower/widow.	
	b. That I am married and have only one spouse living	g.
	c. That I have entered into or contracted a marria Application for grant of exemption is enclosed.	age with a person having a spouse living.
	d. That I have entered into and contracted a marriag my spouse. Application for grant of exemption is	
de	solemnly affirm that the above declaration is true are claration being found to be incorrect after my appointmentation.	
Da	ate:	Signature
	OATH OF ALLEGIANCE FOR IND	IAN NATIONALS
will u	do swear/sul and bear true allegiance to India and to the Constitution phold the sovereignty and integrity of India, and that y, honestly and with impartiality.	olemnly affirm and declare that I will be tion of India, as by law established, that I I will carry out the duties of my office
	'SO HELP ME GOI	D'
		( SIGNATURE )
Date:		NAME:

## UNDERTAKING

	s/o,d/o,w/o	
hereby undertake that I have never stage it is found false or detec	er been debarred by any Board/University/Commission in any examination cted incorrect, my candidature/selection/appointment is liable to be	1. If at any
terminated automatically without	any notice to me and action can be taken against me accordingly.	2303.30
	Signature	
	Name	
	Roll No	
	(in B	Block letters)
		Librarian
	Post	Code 92/20

#### **UNDERTAKING FORM**

# SELF DECLARATION FOR GETTING SERVICES FROM GOVERNMENT DEPARTMENTS/LOCAL BODIES/AUTONOMOUS INSTITUTIONS UNDER DELHI GOVERNMENT

	s/o,d/o,w/o	r/o
	do hereby sole	emnly affirm and declare as under:
1.	That I fulfill all the qualification for the post as on crucial date.	
2.	That the certificates/ documents produced by me and the copies Of the application form are genuine and are issued by the recognized Institute/Boa proved to be fake/false during the course of verification of certificates/doc of Education as the case may be and subsequently by the employer, m terminated without any notice, in addition to initiation of penal action authority.	ard/University, and if the same are uments by the DSSSB/Directorate y services Shall be liable to be
3.	That the information given to the Department in the Acceptance form of Other stage of the appointment in the enclosed documents/performa is true a knowledge and belief and nothing material has been concealed therein. I am facts and giving false information is a punishable offence and in case, I am or concealment of facts herein, I will be liable to be punished with importelevant provisions of law. I also undertake that the benefits availed by me or concealment Of facts shall be liable to be summarily withdrawn.	and correct to the best of my m well aware that concealment of guilty Of giving false information risonment and/ or fine as per the
4.	That I bear good moral Character and the same may be got verified from any	y appropriate authority.
		Signature
Place		Signature
		Name
	(CA	PITAL LETTERS)

#### UNDERTAKING

(For OBC candidates only)

I	s/o,d/o,w/o	r/o
		by declare that I belongs to the
service/appointment in 192/SCST/P&Y4385-95 date persons/sections (Creamy L 0.1M. No. 36012/ 22/93-Es	nized as a Backward Class by the Government of Delhi Government services in accordance ed 20/01/1995 of Government of Delhi. It is also bayer) mentioned in column 3 of the Schedule in Estt.(SCT), dated 08-09-1993 which is modified vide - 36033/3/2004- Estt.(Res.) dated 14.08.2008.	with notification No.28(93)/91- o declared that 1 do not belong to Department of Personnel & Training
	8	
I also declare that the	ne condition of status/annual income for creamy layer	r of my parent/guardian is within the
prescribed limits as on final	ncial year ending on March 31, 2020. I understand to	hat my appointment offer will stand
cancelled in case the "Non-c	creamy Layer Certificate" submitted by me is found n	not genuine/invalid.
	SIGNA	ATURE
Date:	NAME	3
	Roll N	o.

#### UNDERTAKING

(For EWS candidates only)

I	s/o,d/o,w/o				_r/	o		
	do	hereby	declare	that	I	belongs	to	the
caste which is not recogni	zed as a Schedule Caste, Sc	hdule T	ribe and	other	Ba	ckward	Cla	isses
(Central List) for the purpose of reservation is notification No. F.87(118)/CCS/HQ/EWS/Re						accordai	ice i	with
I also declare that the condition of s	tatus/annual income and other	r assets f	or EWS	catego	ry	of my fa	amil	ly is
within the prescribed limits as on financial y	ear ending on March 31, 202	0. I unde	erstand th	nat my	ap	pointme	ent o	offer
will stand cancelled in case the "EWS Certifi	cate" submitted by me is foun	d not ger	nuine/inv	alid.				
	S	IGNAT	URE					
Date:	N	IAME						
	Re	oll No.						

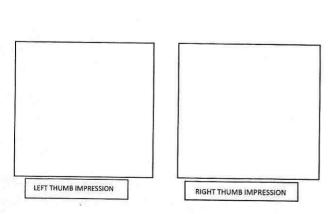
#### SELF DECLARATION FORM

I (name of the candidate) s/o, d/o, w/o (Name of Father/Husband) do hereby undertake that I am the
same person who applied for the post of Librarian under (Post Code 92/20) and whose name,
photograph, signatures and other particulars are appeared in the application form/ acceptance of offer of appointment and other educational certificates etc.
(candidate has to write above mentioned statement in his/her running handwriting in the box given

			8	

SIGNATURE OF CANDIDATE

(To be signed before the verifying authority)



**SIGNATURE** 

# Employee Information For Creating Employee Id To The Post Of Librarian Post Code-92/20

1.	First Name		
2.	Middle Name		
3.	Last Name		
4.	Date of Birth		
5.	Father Name	:	
6.	Husband Name		
7.	Marital Status	<u> </u>	
8.	Gender (Male/Female)	i	
9.	Original Category (SC	ST/OBC/PH/Gen./EWS)Sub catg./Caste	
	(Mention the category Residential Address (A	/ST/OBC/PH/Gen/EWS.): n which candidate is selected) s mentioned in the original application form submitted with	
12.	Name & ID of nearest C	ovt. School	
		(To be used	
		e for allotment	
	of school)	ID	
	( Available on www.edu	del.nic.in)	
13.	Mobile No		
14.	E-mail Id.		€

DATE:\_\_

# DIRECTORATE OF EDUCATION GOVERNMENT OF NCT OF DELHI DR CELL E-IV BRANCH OLD SECRATARIATE DELHI-54

CROSS SIGNI BY CAMPIBATE (1. S )
CROSS SIGN. BY CANDIDATE(left side)
PHOTO 4"X6"

NAME: POST CODE:

ROLL NO: POST NAME:

DATE: SIGNATURE